

# ARTICLES OF ORGANIZATION

## DOMESTIC LIMITED LIABILITY COMPANY

Office of the Secretary of the State

**MAILING ADDRESS:**

Commercial Recording Division  
Connecticut Secretary of the State  
P.O. Box 150470  
Hartford, CT 06115-0470  
860-509-6003

**DELIVERY ADDRESS:**

Commercial Recording Division  
Connecticut Secretary of the State  
30 Trinity Street  
Hartford, CT 06106  
860-509-6003

Space For Office Use Only

Filing Fee: \$60.00

Make Checks Payable to "Secretary of the State"

Please contact the Department of Revenue Services or your tax advisor as to any potential tax liability relating to your business.

**1. NAME OF THE LIMITED LIABILITY COMPANY****2. NATURE OF BUSINESS TO BE TRANSACTED OR THE PURPOSES TO BE PROMOTED**

**3. PRINCIPAL OFFICE ADDRESS** (See instructions for further details)

**4. MAILING ADDRESS** (if other than principal office address)

**5. APPOINTMENT OF STATUTORY AGENT FOR SERVICE OF PROCESS**

Name of agent

Business address (P.O. Box is not acceptable)

Residence address (P.O. Box is not acceptable)

Acceptance of appointment

\_\_\_\_\_  
Signature of agent

**6. MANAGEMENT**

(Place a check mark next to the following statement only if it applies)

\_\_\_\_\_ The management of the limited liability company shall be vested in one or more managers.

**7. MANAGER(S) OR MEMBER(S) INFORMATION**

Name

Title

Business Address

Residence Address

**8. EXECUTION**

Print or type name of organizer

Signature

Reference an 8 1/2 x 11 attachment if additional space is required

**INSTRUCTIONS FOR COMPLETION OF THE ARTICLES OF ORGANIZATION**  
**Domestic Limited Liability Company**

**Please contact the Department of Revenue Services or your tax advisor as to any potential tax liability relating to your business.**

Instructions

1. **NAME OF LIMITED LIABILITY COMPANY:** Provide the name of the limited liability company. The name must include business designation, i.e., Limited Liability Company, LLC, L.L.C., Limited Liability Co., Ltd. Liability Company, or Ltd. Liability Co.
2. **NATURE OF BUSINESS:** Provide a description of the business which the limited liability company will conduct. Note that it is sufficient to state that the purpose of the limited liability company is to engage in any lawful act or activity for which a limited liability company may be formed under the Connecticut Limited Liability Company Act.
3. **PRINCIPAL OFFICE:** Provide the complete address of the limited liability company's principal office. Include street number, street, city, state and postal code. A P.O. Box is acceptable only if provided as additional information.
4. **MAILING ADDRESS:** Please provide the address to which the secretary of the state should mail the corporation's annual report form, if other than its principal offices address. A P.O. Box is acceptable for this address.
5. **APPOINTMENT OF STATUTORY AGENT:** Provide the name of a statutory agent who agrees to receive any process notice or demand served upon the limited liability company. The agent may be a natural person who is a resident of Connecticut; a Connecticut corporation, limited liability company, limited liability partnership or statutory trust; or a foreign corporation, limited liability company, limited liability partnership or statutory trust, which has obtained a certificate of authority to transact business in Connecticut. A limited liability company may not be its own agent. If the agent is a natural person, such person must provide the complete street address of his or her business and residence. If the agent is an entity, it must provide the address of its principal office in the block designated for "Business address" and the person signing on its behalf must include his or her title on the signature line. **The agent must sign accepting the appointment.** If signing on behalf of a business, person signing must print their name and title next to their signature.
6. **MANAGEMENT:** Select the statement provided regarding the management of the limited liability company by placing a check before it only if the limited liability company is to be managed by one or more managers. If the limited liability company is to be managed by its members, leave the underlined space blank.
7. **MEMBER OR MANAGER INFORMATION:** The limited liability company must list the name, title, business and residence address of one manager or member of the limited liability company. Include street number, street, city, state and postal code.  
**Note: P.O. Boxes are only acceptable as additional information.**
8. **EXECUTION:** The organizer must print or type his or her full legal name and provide a signature. Note that the execution constitutes a statement made under the penalties of false statement that the information provided in the document is true.